

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10/049791

FILING DATE

APPLICANT(S)

		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS						
		IND.	DEP.	IND.	DEP.	IND.	DEP.							
									IND.	DEP.	IND.	DEP.	IND.	DEP.
1									51					
2									52					
3									53					
4									54					
5									55					
6									56					
7									57					
8									58					
9									59					
10									60					
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39									89					
40									90					
41									91					
42									92					
43									93					
44									94					
45									95					
46									96					
47									97					
48									98					
49									99					
50									100					
TOTAL IND.									TOTAL IND.					
TOTAL DEP.									TOTAL DEP.					
TOTAL CLAIMS									TOTAL CLAIMS					